

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2013
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NAME OF PROVIDER OR SUPPLIER SELAH CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 203 WEST NACHES AVENUE SELAH, WA 98942
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

This report is the result of an unannounced Abbreviated Survey conducted at Selah Care and Rehabilitation on November 19, 2013. A sample of 7 residents was selected from a census of 33 residents. The sample included 7 current residents.

The following were complaints investigated as part of this survey:

#2906948
#2900551

Received
Yakima RCB

DEC - 5 2013

The survey was conducted by:
[REDACTED] R.N.

The survey team is from:
Department of Social & Health Services
Aging & Long Term Support Administration
Residential Care Services, District 1, Unit C
3611 River Road, Suite 200
Yakima, Washington 98902

Telephone (509) 225-2800
Fax: (509) 574-5597

Charles J. Hyatt 11/25/13
Residential Care Services Date

F 312 483.25(a)(3) ADL CARE PROVIDED FOR
SS=D DEPENDENT RESIDENTS

A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

F 000

ADDENDUM TO PLAN OF CORRECTION

Submission of the Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in the Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non compliance or admissions by the facility.

F 312

POC - 312

1. Immediate action(s) taken for the resident(s) found to have been affected include: Nail care was provided for resident(s) #1 on 11/19/2013.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interviews the facility failed to provide the necessary care and services relative to personal hygiene/grooming for 1 of 7 residents (#1) dependent on staff for care. This failed practice potentially resulted in poor self-esteem and skin problems. Findings include: Resident #1: Review of the resident's plan of care revealed he required staff assistance with activities of daily living due to generalized weakness, cognitive deficits, and poor vision. Observation of the resident on 11/19/13 at 12:05 p.m. noted he had very long fingernails on both hands with three nails being significantly jagged with part of the nail being gone. Due to the long length of his nails on his index fingers the nail was noted to be curling downwards at the end of the finger. He had a heavy growth of hair over his chin and cheeks. In addition, his hair was long as evident by it standing up in the back of his head, long sideburns, and a heavy growth over his eyebrows. When the resident was questioned regarding his fingernails, he stated "Yes, they are too long, some of them have been chipped off." He stated he was shaved twice weekly with his showers and had not been shaved since last Thursday (5 days prior on 11/14/13). The resident stated he needed a hair cut and was unable to recall when his last hair cut was done. An interview on 11/19/13 at 12:08 p.m. with Staff B (primary caregiver for resident that day)	F 312	<p>2. Identification of other residents having the potential to be affected was accomplished by: The Director of Nursing Services and the treatment nurse completed an assessment of each residents nails on 11/20/2013. Residents requiring specialized nail care due to high risk conditions will be referred to a podiatrist for appropriate care and treatment. Corrective action will be completed 04/19/12</p> <p>3. Actions taken/systems put into place to reduce the risk of future occurrence include: Development of "Providing Nail Care" policy with in-service education program conducted by the Director of Nursing Services and the treatment nurse with all direct care staff addressing the proper care of nails including resident preferences and high risk conditions.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur: The treatment nurse will review nail care for residents with high risk conditions. Nurse Managers on each unit will</p>		

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F 312	Continued From page 2 revealed she was going to shave him the day before (11/18/13), however he had a bed change (resident was moved from the bed closest to the door to the bed by the window). She also stated licensed nursing staff was responsible to cut the resident's nails as he was a diabetic. Staff C (Licensed Nurse) stated on 11/19/13 at 12:10 p.m. that the resident was not a diabetic and thought his last hair cut was early this past summer (approximately 4-5 months ago). During an interview with Staff D (Social Services) she stated she had seen the resident's fingernails that day and felt they were too long. She stated she thought his last hair cut was the end of July.	F 312	monitor the care of nails for all residents who are unable to provide nail care for themselves. The Director of Nursing Services, or designee, will conduct a random audit of at least five (5) residents per week for two (2) months until substantial compliance is achieved or as otherwise determined by the Risk Management/Quality Assurance Committee. Findings of this audit will be discussed with the Resident Council. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met. 5. Corrective action completion date 11/26/2013. 6. Director of Nursing will be responsible to ensure correction.		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 505410	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 11/19/2013
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 156	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>			

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The above isolated deficiencies pose no actual harm to the residents

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F 156	Continued From Page 1 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interviews the facility failed to ensure a posting in the facility of names, addresses, and telephone numbers of the the State survey and certification agency, State licensure office, and the State ombudsman program. This failed practice potentially resulted in residents not being given the necessary information to exercise their rights. Findings include: During observational rounds on 11/19/13 at 11:50 a.m. there was no posting evident in the facility of the names, addresses, and telephone numbers of the State survey and certification agency, State licensure office, and the State ombudsman program. Staff A (Licensed Nurse) stated at that time that the signs used to be posted on the wall adjacent to the main entrance of the facility. She stated she was unaware how long the signs had been missing.		
F 356	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to properly maintain all required components for a daily posting of staff working in the facility. This failure placed residents and visitors at risk of not being		

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F 356	<p>Continued From Page 2</p> <p>accurately informed of the daily staffing levels. Findings include:</p> <p>Observation on 11/19/13 at 11:55 a.m. of the Report of Nursing Staff Directly Responsible for Resident Care form dated 11/19/13 revealed no data was entered for the number and actual hours of unlicensed nursing staff for the day and evening shifts.</p> <p>Review of the above forms dated 11/6-19/13 revealed no information as to the actual hours worked for licensed and unlicensed staff. The licensed nursing staff category did not disclose whether the licensed nurses were Registered Nurses or Licensed Practical Nurses. In addition, the forms did not provide information regarding the resident census for that day.</p> <p>POC 156</p> <ol style="list-style-type: none">1. Immediate action taken. Sign posted on board directly outside medical records including: State survey and certification agency, State licensure office, and the State ombudsman program.2. Identification of other residents having the potential to be affected was accomplished by: Facility determined that all residents, families and community potentially affected.3. Action taken/system put into place to reduce risk of future occurrence include: Activity department will keep board current with appropriate facility and state information.4. How corrective action will be monitored to ensure the practice will not reoccur: Administrator, or designee, will visually check board for accurate information on a weekly basis.5. Corrective action completion date 11/19/20136. Administrator will be responsible to ensure correction. <p>POC 356</p> <ol style="list-style-type: none">1. Immediate action taken. New format developed with required information and immediately posted to board directly outside medical records including: Facility name, the current date, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift -Registered Nurses, Licensed practical nurses or licensed vocational nurses (as defined under State law), Certified nurse aides, and Resident Census.			

Selah Care & Rehabilitation

#505410

11/19/2013

2. Identification of other resident having the potential to be affected was accomplished by: Facility determined that all residents, families and community potentially affected.
3. Action taken/system put into place to reduce risk of future occurrence include: In-service of licensed nursing staff of citation and Re-in-service of nursing staff addressing State required information that needs to be posted on a daily basis.
4. Corrective action completion date: 11/19/2013
5. Director of Nursing Services will be responsible to ensure correction.